

Village/Cluster				HH		DeathID			

**COMSA VERBAL AND SOCIAL AUTOPSY QUESTIONNAIRE
GENERAL INFORMATION MODULE**

SECTION 1: GENERAL INFORMATION

1.1 Information about the prevalence of HIV and malaria

Interviewer: Before going to the field to do the interview, fill in this section from the survey or surveillance record for the deceased.

Q1101 <i>(10002)</i>	Is this an area of high HIV/AIDS prevalence?	1. High 2. Low 3. Very low	<input type="checkbox"/>
Q1102 <i>(10003)</i>	Is this a region of high malaria prevalence?	1. High 2. Low 3. Very low	<input type="checkbox"/>
Q1103 <i>(10004)</i>	During which season did the child/she/he die?	1. Wet 2. Dry 9. DK	<input type="checkbox"/>

1.2 Information about the deceased

Interviewer: Before going to the field to do the interview, fill in this section from the survey or surveillance record for the deceased.

Q1201	Address of the household <i>Copy the household address.</i> <i>LOCAL ADAPTATION: Levels 1, 2 and 5 mean the largest, second and fifth largest geographic divisions in the country. EA means the census enumeration area.</i> <i>(Mozambique: Province, District, Administrative post, Locality, Community)</i>	Province _____ District _____ Admin Post _____ Locality _____ Community _____ EA _____	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
	Directions to the household <i>[Copy the directions to the household]</i>		
Q1202	Name of the deceased (if known) <i>[Copy the name of the deceased]</i>		
Q1203	Sex of deceased <i>[Copy the sex of the deceased]</i>	1. Male 2. Female 9. Don't know	<input type="checkbox"/>
Q1204	Date of birth of the deceased <i>[Copy the day, month and year of birth of the deceased]</i>		<u> </u> / <u> </u> / <u> </u> <u> </u> <u> </u> <u> </u> <u> </u> D D M M Y Y Y Y <i>(DK = 99/99/9999)</i>

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Q1205	Date of death of the deceased <i>[Copy the day, month and year of death of the deceased]</i>	_ _ / _ _ / _ _ _ _ (DK = 99/99/9999)
Q1206	Last known age of the deceased <i>Copy the last known age of the deceased: Record days if less than 28 days—if less than 24 hours, record "00" days; Record months if 28 days-23 months; Record years if 2 years or older.</i>	_ _ Days: 1 or more → Q1208 _ _ Months → Q1208 _ _ Years: <12 → Q1208 12+ → Q1209
Q1207	Was this a stillbirth or neonatal death? <i>[Copy this information from the cloud server]</i>	1. Stillbirth 2. Neonatal death 9. Not known from the record <input type="checkbox"/>
Q1208 (10062)	Name of mother <i>[Copy the name of the mother (only for stillbirths, neonatal and child deaths)]</i>	
Q1209 (10061)	Name of father or household head <i>[Copy the name of the father for stillbirths, neonatal and child deaths]</i> <i>[Copy the name of the household head for adult deaths]</i>	

1.3: Information about the interview

Interviewer: Before and after the interview, fill in this section. These questions should not be asked of the respondent.

Q1301	Language of the interview	
Q1302 (10010)	Interviewer ID number	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Q1303	Dates of attempted and successful interviews	DATE
Q1304	Date of first interview attempt	_ _ / _ _ / _ _ _ _ D D M M Y Y Y Y
Q1305	Date of second interview attempt	_ _ / _ _ / _ _ _ _ D D M M Y Y Y Y
Q1306	Date of third interview attempt	_ _ / _ _ / _ _ _ _ D D M M Y Y Y Y
Q1307 (10012)	Date interview started <i>[Equals date of the last attempt]</i>	_ _ / _ _ / _ _ _ _ D D M M Y Y Y Y
		RESULT OF THE INTERVIEW Q1311.1 Interim result: <input type="checkbox"/> Q1311.2 Interim result: <input type="checkbox"/> Q1311.3 Interim result: <input type="checkbox"/>

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Q1308 <i>(10011)</i>	Time interview started <i>[Record hour 1-24 / minutes 1-60]</i>	<table style="margin: auto;"> <tr> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> </tr> <tr> <td style="text-align: center;">H</td> <td style="text-align: center;">R</td> <td style="text-align: center;">M</td> <td style="text-align: center;">M</td> </tr> </table>					H	R	M	M									
H	R	M	M																
Q1309	Date interview finished <i>[Equals date started or a later date]</i>	<table style="margin: auto;"> <tr> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> </tr> <tr> <td style="text-align: center;">D</td> <td style="text-align: center;">D</td> <td style="text-align: center;">M</td> <td style="text-align: center;">M</td> <td style="text-align: center;">Y</td> <td style="text-align: center;">Y</td> <td style="text-align: center;">Y</td> <td style="text-align: center;">Y</td> </tr> </table>									D	D	M	M	Y	Y	Y	Y	Q1311.4 Final result: <input type="checkbox"/>
D	D	M	M	Y	Y	Y	Y												
Q1310 <i>(10481)</i>	Time interview finished <i>[Record hour 1-24 / minutes 1-60]</i>	<table style="margin: auto;"> <tr> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> </tr> <tr> <td style="text-align: center;">H</td> <td style="text-align: center;">R</td> <td style="text-align: center;">M</td> <td style="text-align: center;">M</td> </tr> </table>					H	R	M	M									
H	R	M	M																
Q1311	Interview result codes: 1. Completed (Final result code) 2. Partially completed (Final result code) 3. Eligible respondent postponed interview 4. No eligible respondent at home at time of visit 5. Eligible respondent refused interview	6. No eligible respondent lives in the household or neighborhood 7. No household member at home 8. Dwelling vacant / destroyed / not found 9. In progress (Interim result code) 10. Person reported dead is actually alive 11. Duplicate report of death – interview already conducted 12. Death not eligible																	
Q1312	Date form checked by supervisor	<table style="margin: auto;"> <tr> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> </tr> <tr> <td style="text-align: center;">D</td> <td style="text-align: center;">D</td> <td style="text-align: center;">M</td> <td style="text-align: center;">M</td> <td style="text-align: center;">Y</td> <td style="text-align: center;">Y</td> <td style="text-align: center;">Y</td> <td style="text-align: center;">Y</td> </tr> </table>									D	D	M	M	Y	Y	Y	Y	
D	D	M	M	Y	Y	Y	Y												
Q1313	Date entered in computer	<table style="margin: auto;"> <tr> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> </tr> <tr> <td style="text-align: center;">D</td> <td style="text-align: center;">D</td> <td style="text-align: center;">M</td> <td style="text-align: center;">M</td> <td style="text-align: center;">Y</td> <td style="text-align: center;">Y</td> <td style="text-align: center;">Y</td> <td style="text-align: center;">Y</td> </tr> </table>									D	D	M	M	Y	Y	Y	Y	
D	D	M	M	Y	Y	Y	Y												

IDENTIFY THE BEST RESPONDENT

Instructions to interviewer: Read the VASA study recruitment scripts in order to introduce yourself to the household, explain the purpose of your visit, and identify the best respondent. The recruitment scripts will guide you to ask to speak to the adult who was the deceased's main caregiver during the illness that led to death. For stillbirths and child deaths, this will usually be the mother of the deceased. For adults, the best respondent is often the deceased's spouse or other close relative. If the best respondent is not available, then arrange a time to revisit the household when the caregiver will be at home and free to participate in the interview.

Consent

INTERVIEWER: Read the consent form to the respondent. Ask the respondent if he or she has any questions. Once any questions are answered, ask the respondent if he or she is willing to take part in the study.

Q1405 <i>(10013)</i>	INTERVIEWER: Did respondent give consent?	1. Yes 2. No	<input type="checkbox"/> 2 → Thank respondent for their time and end the interview.
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1.4 Information about the respondent

Complete items Q1401-4 from your introductory discussion with the selected respondent.

Q1401 <i>(10007)</i>	What is the respondent's name?		
Q1402	INTERVIEWER: Record the sex of the respondent.	1. Male 2. Female 9. Don't know	<input type="checkbox"/>

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Read: I would now like to ask you some questions about (your / the family's) household. Please remember that all information will be kept confidential.

[Read "...the family's household." if you are not conducting the interview at the household where the death was identified.]

Q1411	How many people live at (this / that) household? <i>[Read "...at that address?" if you are speaking of "the family's household."]</i>	_____ People (DK = 99)																																												
Q1412	How many rooms are used for sleeping in the household?	_____ Rooms (DK = 99)																																												
Q1413	Does the household have a separate room for cooking?	<input type="checkbox"/>																																												
Q1414	Does the household have: <i>[Ask about each possession, and mark each one "Yes," "No" or "Don't know."]</i>	<table border="0" style="width: 100%;"> <tr> <td></td> <td style="text-align: center;">Yes</td> <td style="text-align: center;">No</td> <td style="text-align: center;">DK</td> </tr> <tr> <td>1. electricity?</td> <td style="text-align: center;">1. <input type="checkbox"/></td> <td style="text-align: center;">2. <input type="checkbox"/></td> <td style="text-align: center;">9. <input type="checkbox"/></td> </tr> <tr> <td>2. radio?</td> <td style="text-align: center;">1. <input type="checkbox"/></td> <td style="text-align: center;">2. <input type="checkbox"/></td> <td style="text-align: center;">9. <input type="checkbox"/></td> </tr> <tr> <td>3. television?</td> <td style="text-align: center;">1. <input type="checkbox"/></td> <td style="text-align: center;">2. <input type="checkbox"/></td> <td style="text-align: center;">9. <input type="checkbox"/></td> </tr> <tr> <td>4. refrigerator?</td> <td style="text-align: center;">1. <input type="checkbox"/></td> <td style="text-align: center;">2. <input type="checkbox"/></td> <td style="text-align: center;">9. <input type="checkbox"/></td> </tr> <tr> <td>5. fixed line telephone?</td> <td style="text-align: center;">1. <input type="checkbox"/></td> <td style="text-align: center;">2. <input type="checkbox"/></td> <td style="text-align: center;">9. <input type="checkbox"/></td> </tr> <tr> <td>6. mobile telephone?</td> <td style="text-align: center;">1. <input type="checkbox"/></td> <td style="text-align: center;">2. <input type="checkbox"/></td> <td style="text-align: center;">9. <input type="checkbox"/></td> </tr> <tr> <td>7. computer?</td> <td style="text-align: center;">1. <input type="checkbox"/></td> <td style="text-align: center;">2. <input type="checkbox"/></td> <td style="text-align: center;">9. <input type="checkbox"/></td> </tr> <tr> <td>8. bicycle?</td> <td style="text-align: center;">1. <input type="checkbox"/></td> <td style="text-align: center;">2. <input type="checkbox"/></td> <td style="text-align: center;">9. <input type="checkbox"/></td> </tr> <tr> <td>9. motorcycle or scooter?</td> <td style="text-align: center;">1. <input type="checkbox"/></td> <td style="text-align: center;">2. <input type="checkbox"/></td> <td style="text-align: center;">9. <input type="checkbox"/></td> </tr> <tr> <td>10. car or truck?</td> <td style="text-align: center;">1. <input type="checkbox"/></td> <td style="text-align: center;">2. <input type="checkbox"/></td> <td style="text-align: center;">9. <input type="checkbox"/></td> </tr> </table>		Yes	No	DK	1. electricity?	1. <input type="checkbox"/>	2. <input type="checkbox"/>	9. <input type="checkbox"/>	2. radio?	1. <input type="checkbox"/>	2. <input type="checkbox"/>	9. <input type="checkbox"/>	3. television?	1. <input type="checkbox"/>	2. <input type="checkbox"/>	9. <input type="checkbox"/>	4. refrigerator?	1. <input type="checkbox"/>	2. <input type="checkbox"/>	9. <input type="checkbox"/>	5. fixed line telephone?	1. <input type="checkbox"/>	2. <input type="checkbox"/>	9. <input type="checkbox"/>	6. mobile telephone?	1. <input type="checkbox"/>	2. <input type="checkbox"/>	9. <input type="checkbox"/>	7. computer?	1. <input type="checkbox"/>	2. <input type="checkbox"/>	9. <input type="checkbox"/>	8. bicycle?	1. <input type="checkbox"/>	2. <input type="checkbox"/>	9. <input type="checkbox"/>	9. motorcycle or scooter?	1. <input type="checkbox"/>	2. <input type="checkbox"/>	9. <input type="checkbox"/>	10. car or truck?	1. <input type="checkbox"/>	2. <input type="checkbox"/>	9. <input type="checkbox"/>
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10. car or truck?	1. <input type="checkbox"/>	2. <input type="checkbox"/>	9. <input type="checkbox"/>																																											
Q1415	What is the main source of drinking water in this household?	<input type="checkbox"/>																																												
Q1416	What type of toilet do members of the household usually use?	<input type="checkbox"/>																																												
Q1417	What is the main source of energy or fuel the household uses for cooking?	<input type="checkbox"/>																																												

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1.6 Deceased child or adults sex and age at death

Interviewer: Now I'd like to ask you about the deceased person.

Q1601 <i>(10019)</i>	What was the sex of the deceased?	1. Male 2. Female 9. Don't know	<input type="checkbox"/>																				
Q1602 <i>(10020)</i>	Is the date of birth known?	1. Yes 2. No 9. Don't know	<input type="checkbox"/> 2 → Q1604																				
Q1603 <i>(10021)</i>	When was the deceased born? <i>Compare the date of birth just stated by the respondent to the birth date from the prior record (Q1204). Discuss any inconsistency with the respondent to confirm or correct the stated delivery date. You cannot change the prior record's date (Q1204).</i>		<table style="margin: auto; border: none;"> <tr> <td style="text-align: center;">_</td><td style="text-align: center;">_</td><td style="text-align: center;">/</td><td style="text-align: center;">_</td><td style="text-align: center;">_</td><td style="text-align: center;">/</td><td style="text-align: center;">_</td><td style="text-align: center;">_</td><td style="text-align: center;">_</td><td style="text-align: center;">_</td> </tr> <tr> <td style="text-align: center;">D</td><td style="text-align: center;">D</td><td></td><td style="text-align: center;">M</td><td style="text-align: center;">M</td><td></td><td style="text-align: center;">Y</td><td style="text-align: center;">Y</td><td style="text-align: center;">Y</td><td style="text-align: center;">Y</td> </tr> </table>	_	_	/	_	_	/	_	_	_	_	D	D		M	M		Y	Y	Y	Y
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D	D		M	M		Y	Y	Y	Y														
Q1604 <i>(10058)</i>	Where did the deceased die?	1. Hospital 2. Other health provider or facility 3. On route to a health provider or facility 4. Home 5. Other (specify)..... 9. Don't know	<input type="checkbox"/> <hr style="width: 100%;"/>																				
Q1605 <i>(10022)</i>	Is the date of death known?	1. Yes 2. No	<input type="checkbox"/> 2 → Q1607																				
Q1606 <i>(10023)</i>	What was the date of death? <i>Compare the date of death just stated by the respondent to the date of death from the prior record (Q1205). Discuss any inconsistency with the respondent to confirm or correct the stated date. You cannot change the prior record's date (Q1205).</i>		<table style="margin: auto; border: none;"> <tr> <td style="text-align: center;">_</td><td style="text-align: center;">_</td><td style="text-align: center;">/</td><td style="text-align: center;">_</td><td style="text-align: center;">_</td><td style="text-align: center;">/</td><td style="text-align: center;">_</td><td style="text-align: center;">_</td><td style="text-align: center;">_</td><td style="text-align: center;">_</td> </tr> <tr> <td style="text-align: center;">D</td><td style="text-align: center;">D</td><td></td><td style="text-align: center;">M</td><td style="text-align: center;">M</td><td></td><td style="text-align: center;">Y</td><td style="text-align: center;">Y</td><td style="text-align: center;">Y</td><td style="text-align: center;">Y</td> </tr> </table>	_	_	/	_	_	/	_	_	_	_	D	D		M	M		Y	Y	Y	Y
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D	D		M	M		Y	Y	Y	Y														
Record only the calculated age OR the stated age. First try to calculate the age. If this is not possible, then ask the respondent for the deceased's age at death.																							
Q1607 <i>(AAAA)</i>	CALCULATE THE AGE AT DEATH <i>Calculate the age at death from the date of death and the birth date (Q1606 – Q1603). If only the month and year are known, calculate the approximate age in months or years. Discuss the calculated age with the respondent: I have calculated that the deceased was <CALCULATED AGE> at death. Is this correct?</i> <i>If the respondent does not agree with the calculated age, then again discuss the delivery date and date of death to make sure that these are correct. If the calculated age at death cannot be resolved, then go below to the "STATED AGE" box.</i> <i>Record the age in days if less than 28 days—if less than 24 hours, record "00" days; Record months if 28 days-23 months; Record years if 2 years or older.</i> <i>After recording the calculated age → Q1609</i>		<table style="width: 100%; border: none;"> <tr> <td style="text-align: center;">_ _</td> <td style="text-align: center;">Days (if < 28 days)</td> </tr> <tr> <td style="text-align: center;">_ _</td> <td style="text-align: center;">Months (if 1-23 months)</td> </tr> <tr> <td style="text-align: center;">_ _</td> <td style="text-align: center;">Years (if 2 years or older)</td> </tr> </table>	_ _	Days (if < 28 days)	_ _	Months (if 1-23 months)	_ _	Years (if 2 years or older)														
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Q1608 <i>(AAAA)</i>	STATED AGE AT DEATH (Ask only if the calculated age cannot be determined) How old was the deceased at the time of death? <i>Compare the age at death just stated by the respondent to the deceased's last known age from the prior record (Q1206). Discuss any inconsistency with the respondent to confirm or correct the stated age. You cannot change the prior record's age (Q1206). Partly known birth and death dates might help resolve the stated age. For example, if the deceased was a child that was born and died in the same month, then this is likely a neonatal death.</i> <i>Record the age in days if less than 28 days—if less than 24 hours, record "00" days; Record months if 28 days-23 months; Record years if 2 years or older.</i>		<table style="width: 100%; border: none;"> <tr> <td style="text-align: center;">_ _</td> <td style="text-align: center;">Days (if < 28 days)</td> </tr> <tr> <td style="text-align: center;">_ _</td> <td style="text-align: center;">Months (if 1-23 months)</td> </tr> <tr> <td style="text-align: center;">_ _</td> <td style="text-align: center;">Years (if 2 years or older)</td> </tr> </table>	_ _	Days (if < 28 days)	_ _	Months (if 1-23 months)	_ _	Years (if 2 years or older)														
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Q1609 <i>(Age_group)</i>	<p>Mark the deceased's age group at the time of death.</p> <p>Use the calculated age (Q1604 – Q1602) if known, or the stated age (Q1606).</p>	<ol style="list-style-type: none"> 1. Less than 28 days old 2. 1-11 months old 3. 12 months-4 years old 4. 5-11 years old 5. 12 years or more 	<input type="checkbox"/> 1 → Continue (Q1610) 2 → Child form (C3001) 3, 4 → Child form (C3012) 5 → Adult form (A4001)			
Q1610 <i>(AAAA)</i>	<p>If less than 28 days old at death, record the age in days, hours or minutes:</p> <ul style="list-style-type: none"> If 1 day or older, record the Q1607 calculated age if available, or record the Q1608 stated age. If less than 1 day, ask and record the reported age in hours. If less than 1 hour, ask and record the reported age in minutes. 	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 100px; border-bottom: 1px solid black;"> <div style="display: flex; justify-content: space-between; align-items: center;"> Days </div> </td> </tr> <tr> <td style="border-bottom: 1px solid black;"> <div style="display: flex; justify-content: space-between; align-items: center;"> Hours </div> </td> </tr> <tr> <td> <div style="display: flex; justify-content: space-between; align-items: center;"> Minutes </div> </td> </tr> </table>		<div style="display: flex; justify-content: space-between; align-items: center;"> Days </div>	<div style="display: flex; justify-content: space-between; align-items: center;"> Hours </div>	<div style="display: flex; justify-content: space-between; align-items: center;"> Minutes </div>
<div style="display: flex; justify-content: space-between; align-items: center;"> Days </div>						
<div style="display: flex; justify-content: space-between; align-items: center;"> Hours </div>						
<div style="display: flex; justify-content: space-between; align-items: center;"> Minutes </div>						
Inst_1 → SB/NN form (N2001)						